



<b>TRANSMITTAL FORM</b>		Application Number		10/088,123		<b>RECEIVED CENTRAL FAX CENTER MAR 18 2005</b>	
		Filing Date		March 14, 2002			
		First Named Inventor		Andrea Casini			
		Art Unit		2687			
		Examiner Name		Un C Cho			
Total Number of Pages in This Submission		18		Attorney Docket Number		018765-9001	
<b>ENCLOSURES</b> (check all that apply)				<b>PETITION FOR EXTENSION OF TIME</b>			
<input checked="" type="checkbox"/> Amendment/Reply (13 pages) <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Duplicate of this Transmittal (1 page)				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5). (In duplicate; 1 page each) <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
<b>CLAIMS FEES</b>							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	19	-	20	=0	x 25=	\$	x 50=
Independent	2	-	4	=0	x 100=	\$	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim				+ 145=	\$	+ 290=	\$0
<b>FEES</b>							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input checked="" type="checkbox"/> Extension fee for one-month						\$110.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
<b>TOTAL FEES</b>						<b>\$110.00</b>	
<b>PAYMENT OF FEES</b>							
<input type="checkbox"/> A check in the amount of \$ is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$110.00. A duplicate of this sheet is attached.							
<b>SIGNATURE OF ATTORNEY</b>							
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: 3/18/05			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9308.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature				 Date: 3/18/2005			